

MI-1040CR-2 MICHIGAN Homestead Property Tax Credit Claim for Veterans and Blind People

1999 CR-2

Issued under P.A. 281 of 1967. Filing is voluntary.

Attachment Sequence No. 06

PLACELABEL HERE	▶ 1 Filer's First Name, Middle Initial and Last Name			▶ 2 Filer's Social Security Number		
	If a Joint Return, Spouse's First Name, Middle Initial and Last Name			▶ 3 Spouse's Social Security Number		
	Home Address (No., Street, P.O. Box or Rural Route)			Office Use		
	City or Town	State	ZIP Code	▶ 4 School District Code (see page 15)		

▶ 5 Residency Status in 1999

a. <input type="checkbox"/> Resident	b. <input type="checkbox"/> Nonresident	FROM: You	Mo.	Day	Yr.	TO: Mo.	Day	Yr.
c. <input type="checkbox"/> Part-year resident. (Enter dates at right.)		Spouse						

▶ 6 Check one of the following that applies to you.

a. ☐ Blind and own your homestead.

b. ☐ Veteran with service-connected disability or veteran's surviving spouse. Enter percent of disability. ▶ 6b _____ %

c. ☐ Surviving spouse of veteran deceased in service.

*d. ☐ Veteran of wars before World War I, pensioned veteran, his/her surviving spouse, or active military.

*e. ☐ Surviving spouse of a nondisabled or nonpensioned veteran of the Korean War, World War II or World War I.

*If you checked "d" or "e" above and your household income (line 29) is more than \$7,500, you cannot claim a credit on this form.

7. Taxable value allowance from Table 1, page 10	▶ 7. _____ .00
8. Taxable value of homestead	▶ 8. _____ .00
9. Property taxes levied on your home for 1999 (see page 5)	▶ 9. _____ .00
10. Percent of tax relief for the taxable value of your home from Table 2, page 10	10. _____ %
11. Multiply line 9 by line 10. Enter the result (maximum \$1,200)	11. _____ .00

Household Income. Be sure to include income from both spouses.

If your household income is more than \$82,650, you are not eligible for a credit.

12. Wages, salaries, tips, sick, strike and SUB pay, etc.	12. _____ .00
13. All interest and dividend income (including nontaxable interest)	13. _____ .00
14. Net rent, business or royalty income	14. _____ .00
15. Retirement pension and annuity benefits. Name of payer:	15. _____ .00
16. Net farm income	16. _____ .00
17. Capital gains less capital losses (see instructions, page 8)	17. _____ .00
18. Alimony and other taxable income (see page 8). Describe:	18. _____ .00
19. Social Security, SSI or railroad retirement benefits	▶ 19. _____ .00
20. Child support (see page 8)	20. _____ .00
21. Unemployment compensation and TRA benefits	▶ 21. _____ .00
22. Other nontaxable income (see page 8). Describe:	22. _____ .00
23. Workers' compensation, veterans' disability compensation and pension benefits	23. _____ .00
24. FIP and other FIA benefits	▶ 24. _____ .00
25. Subtotal. Add lines 12 - 24	Subtotal 25. _____ .00
26. Other adjustments (see page 9). Describe:	26. _____ .00
27. Medical insurance or HMO premiums you paid for you and your family	27. _____ .00
28. Add lines 26 and 27	28. _____ .00
29. HOUSEHOLD INCOME. Subtract line 28 from line 25	▶ 29. _____ .00

30. PROPERTY TAX CREDIT (maximum \$1,200) -- Enter one of the following:

- FIP/FIA RECIPIENTS, complete lines 54-57 and enter the amount from line 57.
- If line 29 is more than \$73,650, see instructions on page 9 and enter the reduced amount.
- ALL OTHERS enter the amount from line 11.

If you file an MI-1040, carry this amount to your MI-1040, line 32 CREDIT ▶ 30. _____ .00

HOMEOWNERS -- Write your homestead information as of December 31, 1999.**Report on lines 31 and 32 the address of the homesteads you are claiming credit on. If you need more space, attach a list.**

31. Address where you lived on Dec. 31, 1999, if different than reported on line 1.

32. Address of homestead sold during 1999 (no., street and city).

If you bought or sold your homestead in 1999, complete lines 33 - 41. If you also rented a homestead during 1999, also complete lines 42-53.

	A. Homestead Moved Into	B. Homestead Moved From
33. Number of days occupied (total cannot be more than 365).....		
34. Divide line 33 by 365 and enter the percentage here.....	%	%
35. Property taxes levied in calendar year 1999.....		
36. Prorated taxes. Multiply line 35 by percentage on line 34.....		
37. Taxable value allowance (see Table 1, page 10).....		
38. Taxable value.....		
39. Divide line 37 by line 38.....	%	%
40. Prorated credit. Multiply line 36 by line 39.....		
41. Property tax credit (add columns A and B on line 40). Enter here and on line 11 PART-YEAR RENTERS do not carry to line 11, complete lines 42-53.....		41.00

RENTERS (Veterans only)

42. Address of homestead you rented (No., street, apt. no. and city)	Landowner's Name and Address	Number of Months Rented	Monthly Rent	Total Rent Paid
A.				A.
B.				B.

43. Total rent paid (not more than 12 months). Add total rent for each period..... 43.00

44. Multiply line 43 by 20% (.20). Service fee housing residents use 10% (.10); see page 6
Full-year renters enter here and on line 9..... 44.00

45. Multiply non-homestead property tax millage by .001 45.

Full-year renters complete line 46 only.

46. Divide line 44 by line 45 to get your taxable value. Enter here and on line 8 46.00

Part-year renters complete lines 47 through 53.

47. Divide line 43 by the number of months you rented 47.00

48. Multiply line 47 by 12 months..... 48.00

49. Multiply line 48 by 20% (.20). Service fee housing residents, use 10% (.10); see page 6 49.00

50. Divide line 49 by line 45. This is your taxable value..... 50.00

51. Enter the percent of tax relief for your taxable value from Table 2, page 10 of the instructions 51.%

52. Multiply line 44 by line 51..... 52.00

53. Add lines 41 and 52. Enter here and on line 11 53.00

CREDIT PRORATION -- Complete if you received FIP/FIA benefits

54. Subtract line 24 from line 29.....	54.00
55. Divide line 54 by line 29. Enter the percentage here.....	55.%
56. Enter amount from line 11 (maximum \$1,200)	56.00
57. Multiply line 56 by line 55. Enter here and on line 30	57.00

I declare, under penalty of perjury, that the information in this claim and attachments is true and complete to the best of my knowledge.☐ *I authorize Treasury to discuss my claim and attachments with my preparer.*☐ *Do not discuss my claim with my preparer.*

Filer's Signature

Date

Spouse's Signature

Date

I declare, under penalty of perjury, that this claim is based on all information of which I have knowledge.

Preparer's Signature, Address, Phone and ID No.

IF YOU ARE ALSO FILING FORM MI-1040, ATTACH THIS FORM BEHIND IT. IF NOT, MAIL THIS FORM TO:

MICHIGAN DEPARTMENT OF TREASURY, LANSING, MI 48956